

# CLAIM FOR REIMBURSEMENT

## Office of Finance and Management

### Department of Education

700 Governors Drive

Pierre, SD 57501-2291

Phone: (605) 773-3248 Fax: (605) 773-6139

Local Agency Number

#### NATIONAL SCHOOL

#### LUNCH PROGRAM

July 2006 through June 2007

Claim for Month of \_\_\_\_\_ Yr \_\_\_\_\_

Local Agency Name \_\_\_\_\_

Site Type: ☐ School - Public

Mailing Address \_\_\_\_\_

☐ School - Private

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ RCCI - Residential Child  
Care Institution

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Check one: ( ) Original ( ) Revision

#### 1. General Information - Lunch

Enrollment \_\_\_\_\_

Number of Centers \_\_\_\_\_

(See Instructions On Back)

Number of Days Served \_\_\_\_\_

\*ADA \_\_\_\_\_ \*ADP \_\_\_\_\_

\*(ADA and ADP round up to  
next highest whole number)

Approved Free \_\_\_\_\_

Approved Reduced \_\_\_\_\_

#### 2. NSLP LUNCH:

Meals x Rate of Reimbursement = NSLP Reimbursement

Regular Lunch  
Paid (a) \_\_\_\_\_ x (b) .23 = (c) \$ \_\_\_\_\_  
Free (d) \_\_\_\_\_ x (e) 2.40 = (f) \$ \_\_\_\_\_  
Reduced (g) \_\_\_\_\_ x (h) 2.00 = (i) \$ \_\_\_\_\_  
Seamless Lch(j) \_\_\_\_\_ x (k) 2.40 = (l) \$ \_\_\_\_\_

Specially Needy Lunch  
Paid (m) \_\_\_\_\_ x (n) .25 = (o) \$ \_\_\_\_\_  
Free (p) \_\_\_\_\_ x (q) 2.42 = (r) \$ \_\_\_\_\_  
Reduced (s) \_\_\_\_\_ x (t) 2.02 = (u) \$ \_\_\_\_\_  
Seamless Lch(v) \_\_\_\_\_ x (w) 2.42 = (x) \$ \_\_\_\_\_

TOTAL LUNCH REIMBURSEMENT

(c+f+l+i) or (o+r+u+x) = (y) \$ \_\_\_\_\_

#### 3. (a) Number of Food Service Employee meals

Lunch \_\_\_\_\_

#### (b) Number of Adult meals (excluding those counted in (a))

Lunch \_\_\_\_\_

#### (c) A la Carte & Second Meal Equivalency (includes both lunch & supplement a la Carte)

\_\_\_\_\_

#### 4. General Information - Snacks After School

Enrollment: Total \_\_\_\_\_

Enrollment: Area Eligible \_\_\_\_\_

(See Instructions On Back)

Number of Centers: Regular \_\_\_\_\_

Number of Centers: Area Eligible \_\_\_\_\_

Number of Days Served \_\_\_\_\_

\*ADA \_\_\_\_\_ \*ADP \_\_\_\_\_

\*(ADA and ADP round up to  
next highest whole number)

Approved Free \_\_\_\_\_

Approved Reduced \_\_\_\_\_

(Only sites which are not area eligible)

License Capacity \_\_\_\_\_

#### 5. NSLP SNACKS AFTER SCHOOL

Meals x Rate of Reimbursement = NSLP Reimbursement

Paid (a1) \_\_\_\_\_ x (b1) .06 = (c1) \$ \_\_\_\_\_  
Free (d1) \_\_\_\_\_ x (e1) .65 = (f1) \$ \_\_\_\_\_  
Reduced (g1) \_\_\_\_\_ x (h1) .32 = (i1) \$ \_\_\_\_\_  
All Free (Area eligible) (j1) \_\_\_\_\_ x (k1) .65 = (l1) \$ \_\_\_\_\_  
Seamless Summer Snacks (m1) \_\_\_\_\_ x (n1) .65 = (o1) \$ \_\_\_\_\_

TOTAL SNACKS REIMBURSEMENT

(c1+f1+i1+l1+o1) = (p1) \$ \_\_\_\_\_

#### 6. TOTAL REIMBURSEMENT (Total from Part 2 & Part 5)

\$ \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief this Claim for Reimbursement is true and correct in all respects; that records are available to support the claim; that it is in accordance with the terms of the existing agreement; and that payment has not been received.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative

All receipts, invoices and other evidence of purchase must be retained for 3 years plus current year for future audit. All claims must be on a calendar month basis except for months when meals are served for ten days or less.

**ATTENTION:** ALL CLAIMS ARE DUE IN THE OFFICE OF FINANCE AND MANAGEMENT ON / BEFORE THE TENTH OF THE FOLLOWING MONTH FOR WHICH A CLAIM IS BEING SUBMITTED.

**DISTRIBUTION:** ORIGINAL to Office of Finance and Management; A copy is to be retained for agency's file.

(Revised 7/04)

A claim is usually sent to Office of Finance and Management for each month of program operations. However, if the first or last month of Program operations for any year contains 10 operating days or less, that month may be combined with the Claim for Reimbursement for the appropriate adjacent month. However, June and July cannot be combined due to separate reimbursement rates for different fiscal years.

• **ADA (Average Daily Attendance)** is the total number of children who attend the site during the month divided by the number of days in service for the month (round up to next highest whole number). ADA can never be less than ADP. To calculate the Average Daily Attendance (ADA) on the NSLP Claim for Reimbursement, these steps should be followed for each site each month:

**Step 1.** At the end of each day, determine the number of different children who attended that day.

**Step 2.** At the end of the reporting month, add the daily attendance totals. This figure is the total monthly attendance.

**Step 3.** To determine the ADA, divide the total monthly attendance by the number of days in session.

The following is an example of a sample worksheet for calculating ADA:

Date	Daily Attendance
Jan 3	125
Jan 4	130
Jan 5	135
Jan 6	128
Jan 9	127
Jan 10	136
Total Monthly Attendance	= 781
Divided by Days in Session ÷	6
ADA =	130.16

Always round up to the nearest whole number when calculating the ADA. In the example above, the 130.16 = 131.

The local agency claim form must indicate the grand total ADA by adding together the ADA for each site.

**ADP (Average Daily Participation)** is calculated by using the total number of children's lunches and divide by the number of days served. For example, if 1200 lunches were served over 20 days for the month; your ADP would be: 1200 divided by 20 = 60 children. Round up to next highest whole number. ADP can never exceed ADA.

**Approved Free** is the children from a household that has a completed application which meets the income eligibility guidelines for free meals. In Snacks (section 4) do not include children at area eligible sites. They are included in the Area Eligible Enrollment line.

**Approved Reduced** is the children from a household that has a completed application which meets the income eligibility guidelines for reduced price meals.

**Enrollment** is the number of children whose parent or guardian has submitted to your institution a signed document which indicates that the child is enrolled. Enrollment in "Area Eligible Sites" needs to be included in total sites and, also, reported separately for supplements

**Number of Attendance Centers** is the number of attendance centers in a School Food Authority, as reported to DOE, which participate in food service.

**Number of Days Served** is the number of days food service operated this calendar month. If the preceding or following month operates 10 days or less, it may be combined with the current month.

**Seamless or Seamless Summer** is the meals the agency has been approved to operate in the summer at the free rate for eligible sites.

**Site Type** is one of three: (1) School-Public, (2) School-Private, or (3) RCCI-Residential Child Care Institution.

**ROUNDING FOR ADA & ADP:** Round decimals up to the next whole number.

Example:  $222 \div 20 = 11.10 = 12$   
 $230 \div 20 = 11.50 = 12$

## Section 2 — Lunch

Specially needy rates are applied if over 60% of lunches for the SFA in second prior year were in the free and reduced price category.

Record as follows:

- (a) or (m) the number of lunches served to children in the paid category during the month.
- (d) or (p) the number of lunches served to children in the free category during the month,
- (g) or (s) the number of lunches served to children in the reduced price category during the month
- (j) or (v) the number of lunches and suppers served to children in the Seamless Summer Food Program.

Multiply the meals by the current reimbursement rates.

Add lines (c), (f), (i), and (l) or (o), (r), (u) and (x) for the total lunch reimbursement (y)

## Section 3 — Adult Meals/Equivalencies

- (a) record the number of lunches served to food service employees only.
- (b) record all other paid and free lunches served to adults (excluding those counted in (a)).
- (c) record all sales of individual food items and second full meals to students. Equivalents are most frequently determined by dividing total sales by the amount of a full price adult meal. For example:  
 $\$200 \div \$3.50 = 57$  meals.

## Section 5 — Snacks After School

(a1) record the number of snacks served to children in paid category during the month, (d1) record the number of snacks served to children in free category during the month, (g1) record the number of snacks served to children in reduced price category during the month, (j1) record the number of snacks from 50% area eligible sites served to children during the month, (m1) record the number of snacks served at no charge to children during the month under the Seamless Summer Food Program. Multiply the snacks by the current reimbursement rates

Add lines (c1), (f1), (i1), (l1), and (o1) for the snack reimbursement (p1).

## Section 6 — Total Reimbursement

Total reimbursement is the sum of total reimbursement in Sections 2 (y) and 5 (p1).

## Sign and Submit

Complete edit checks. Date and Sign with an original signature. A signed faxed copy is acceptable. A second (hard) copy is not needed. Keep an office copy if the original is mailed.

**CLAIMS** received after sixty (60) days or revisions received after ninety (90) days from the last day of the month being claimed will not be approved for payment.

If an exception is needed, contact Office of Finance and Management. Exceptions can be granted only once in a 3-year period.

The agency may have the right to appeal if a claim is denied. Appeal rights and the process are included in the School Lunch Program agreement.

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